recovery was complete, while in thirteen no mention was made of the termination. The prognosis is worse when the paralysis is general, and best in the partial cases. As regards its pathology, degenerative neuritis has been found.

Ptyalism During Pregnancy.—LVOFF (*Centralblatt für Gynäkologie*, 1897, No. 29) reports two cases of multiparæ who suffered from excessive secretion of saliva. In both this occurred at the second month, and increased during the third. Both patients had laceration and erosion of the cervix. The secretion was so profuse that the patients were excessively annoyed by it.

In one case the cervix was cauterized, bromides and cocaine were given, and, later, atropine, with good results. In the second case this treatment was without result, and abortion was procured. This was followed by cessation of the salivation. The writer considers this disorder as akin to pernicious nausea, and thinks both are caused by retention of decomposed albuminoids in the blood.

Different Methods of Incising the Uterus in Cæsarean Section.—JOHANNOVSKY (*Monatsschrift für Geburtshülfe und Gynäkologie*, 1897, Band vi., Heft 4) reports two Cæsarean sections on the same patient, in which different methods of opening the uterus were adopted.

The patient was a woman, aged twenty-six years, having a rhachitic flattened pelvis. In the first operation the usual incision in the anterior wall of the womb was made, and the uterus closed with deep and superficial stitches of silk. During the recovery stitch-hole abscess occurred, and considerable formation of pus with prolonged fever persisted for three weeks. The patient made a good recovery, the uterus being the size of the fist, anteflexed in the median line, the fundus being just below the umbilicus. It was firmly adherent to the abdominal wall. There remained also a small fistula just below the umbilicus communicating with the uterus. This occupied the position of one of the stitches.

The patient disappeared from observation and returned again in the pregnant condition. She stated that she had had a seven-months' spontaneous labor, the child being dead. She had made a good recovery. She was then approaching the end of her third pregnancy. The fistula still remained, and was about the size of a horse-hair. In view of these facts it was determined to perform Cæsarean section again and to open the uterus on its posterior wall.

The abdominal incision was made on the right of the old scar, and the adhesions were separated by the finger excepting those about the fistula, where it was necessary to use a knife. The uterus was turned out of the abdomen, and an incision parallel to the long axis of the uterus was made on its posterior wall. The child was easily grasped by the feet, was asphyxiated, and could not be revived. The uterus was closed with silkworm-gut, and also the abdominal wound. The patient made a good recovery. The fistula closed, the uterus was anteflexed, the fundus two finger-breadths above the pubes. A slight fixation of the cervix on the right side was present. The pelvis, however, was otherwise free from adhesions. The patient was examined a year afterward and found in good health.

Incision of the posterior uterine wall was advised by Cohnstein in 1881. It was, however, opposed, as it was urged that the absence of adhesions to the anterior abdominal wall would allow a more ready escape of the contents of the womb into the abdomen. It was also urged that adhesions between the uterus and the bowel might occur.

The classic method has consisted of incision into the anterior uterine wall. This has been thought safer, as the adhesion between the uterus and the peritoneum shuts off the uterine from the peritoneal cavity. As an objection to this incision, it is urged that it is so made that the stitches are inserted parallel to the bloodvessels, and hence the vessels are not securely ligated by the stitches.

Sänger's method of incising the uterine wall near its junction with the cervix is of theoretical interest, but has never been accepted.

Fritsch has recently advanced the claim of the transverse incision across the fundus. Sufficient experience has not yet accumulated to inform us regarding the merits of this method of operating. It has, however, many theoretical points in its favor.

[We recall a case of Cæsarean section in which the patient could not be thoroughly prepared, in which stitch-hole abscess occurred from infection from the skin. In this instance the abscess extended to the uterine wall, but gradually closed. As some cases of Cæsarean section must always be emergency operations, the possibility of infection from the skin must not be overlooked.—ED.]

A Case of Tuberculosis of the Placenta.—In the *Scottish Medical and Surgical Journal*, 1897, vol. i., No. 2, KYNOCH reports the case of a pregnant woman who died of acute tuberculosis. On post-mortem examination a pregnancy of three months was found. Both Fallopian tubes were distended with caseous material, while the placenta was studded with gray tubercles. The ovaries were filled with semifluid caseous material in which tubercle bacilli were found. There was no obvious tubercular lesion in the fœtus.

The primary seat of the disease was in the Fallopian tube, thence it had spread upward to the ovaries, peritoneum, lungs, and liver, and also to the uterus and placenta.

The Advantages of Crede's Method for Preventing Ophthalmia.—In the *Archiv für Gynäkologie*, 1897, Band liv., Heft 1, SCHALLEHN urges the value of Credé's method for the prevention of ophthalmia. Among 917 infants two had inflammation of the eyes. Both cases developed eight days after birth, and were not severe. Immediately after labor no case developed, and the cause for this immunity is said to be the routine employment of nitrate of silver instillations. In no case were any bad results observed, nor was any inflammation seen to follow the use of the silver nitrate.

Is Routine Uterine or Vaginal Syringing Necessary after Parturition?—HORROCKS (*The Practitioner*, 1897, No. 352) discusses this practical and important question.

He cites the experience of Guy's Hospital Lying-in Charity. The work is entirely out-patient practice, and attendants are urged to cleanse the hands

thoroughly with bichloride 1 : 1000. During three years' time 9097 confinements were attended in one of the lowest and poorest quarters in London, with septic mortality of $\frac{1}{100}$ of 1 per cent. No syringing was employed in these cases. This is certainly an excellent test as to the value of this method. He reports two cases where infection occurred by the process of syringing. In one a dirty syringe, which had been used at a former confinement three years before, was the cause of the trouble. In the other case a person having erysipelas had helped to draw the water employed in the douching.

Carcinoma of the Uterus During Pregnancy.—In the *Zeitschrift für Geburtshülfe und Gynäkologie*, 1897, Band xxxvii., Heft 1, OLSHAUSEN gives the results of his experience in cancer of the uterus complicating pregnancy. In the matter of diagnosis he calls attention to the irregular bleeding which occurs in cancer, and which may obscure the diagnosis of pregnancy. The shape of the body of the uterus can usually be outlined, and this should make a diagnosis of pregnancy evident. In considering the treatment one must remember that carcinoma grows with frightful rapidity in the pregnant or puerperal patient. For this reason radical operation should be resorted to as soon as a diagnosis is made. As regards prognosis, cases are reported free from disease from eight to three years after operation.

Olshausen operated upon nine cases up to the end of 1895. One died six months after operation from an unknown cause. In four the disease returned at intervals varying from five months to three and one-half years. Four remain well from two and a half to seven and a half years after operation.

As regards treatment, four methods of operating are available. The first is the total extirpation of the pregnant uterus through the vagina. Second is the extirpation of the uterus through the vagina after the womb has been emptied. Third is the total extirpation of the pregnant uterus, which is cancerous, through the abdomen, and fourth is Cæsarean section, with or without extirpation of the uterus afterward. Olshausen concludes that, in the early months of pregnancy, the cancerous uterus should be removed through the vagina. Most writers think that it is impossible to operate in this manner after the fourth month. In one case, however, Olshausen operated successfully at the fifth month, and in another toward the end of the sixth. The results of this operation are good.

Olshausen reports four cases in which abortion was first produced, and afterward the uterus extirpated through the vagina. Each of these cases made a good recovery. He allowed from eight to ten days to elapse after the abortion before removing the uterus. He also reports four cases in which the uterus was extirpated through the vagina after spontaneous birth or abortion. These patients also did well.

As regards the amputation of the pregnant uterus through the abdomen, and the extirpation of the cervix afterward through the vagina, Olshausen is not in favor of that procedure. He considers the risk of infection greater, and the probability of return also greater.

In two cases Cæsarean section was performed. In one instance the mother died six months afterward of cancer, while in the other septic infection and death occurred five days after operation. In conclusion, Olshausen urges in

cases requiring Cæsarean section that the womb be closed by suture and then extirpated through the vagina.

The Toxicity of the Urine in the Last Month of Pregnancy.—Among the many interesting contributions to this intricate subject is the paper by STEWART, of Cincinnati, describing a series of experiments upon animals (*American Journal of Obstetrics*, August, 1897). His method consisted in selecting at random from patients in the last month of pregnancy urine which was carefully kept in sterile jars; it was concentrated by boiling, neutralized with sodium bicarbonate, and filtered. It was then injected into the abdomens of rabbits under careful antiseptic precautions. In most cases death followed the injection, preceded by clonic and tonic spasms. The coefficient of toxicity by this method was fixed at 24 c.c. to the pound of animal. A comparison was made with these experiments by taking urine from non-pregnant gouty women, and also from a young girl not pregnant, and, so far as known, perfectly sound. The same result followed the injections in these cases. Stewart is led to conclude that there is no especial toxicity in the urine of women in the last month of pregnancy.

[It would be interesting to compare these experiments with those made by injecting concentrated solutions of potassium salts in like manner. It is quite possible that the process of boiling developed irritating compounds not normally in the urine, capable of producing convulsions and death. There remains still further to be remembered that it is not the contents of the urine in the last months of pregnancy which produce eclampsia, but the toxic substances which are not eliminated, and therefore are not present in the urine, but remain stored up in the liver and circulated in the blood of the eclamptic patient. As has been recently shown, the same poison which produces eclampsia tends to cause thrombosis and embolism. Such follow the circulation in the blood of compounds formed by cell necrosis present in various disordered conditions. It is not the eliminated poisons of the body which cause eclampsia, and the source of the convulsions probably does not reach the urine at all. The examination of the urine is simply the reading of a gauge to determine the condition of the mechanism within the body. The urine is but an index of the patient's elimination.—ED].

The Frequency of Contracted Pelvis.—In the *American Journal of Obstetrics*, August, 1897, DOBBIN gives the results of the measurement of 350 cases to determine the presence of pelvic abnormality. In 40 of these women the pelvis was contracted, a percentage of $11\frac{45}{100}$; of these the generally contracted and flat rhachitic were equally common, being 35 per cent. of the whole number. Then came the simple flat and then the irregular form. A large number of negro women were among those measured, and among them rhachitis is frequent. About one-third of these patients were delivered spontaneously, and half of them required instrumental delivery.

[We have measured all patients applying for hospital treatment for five years past. The number of measurements considerably exceeds that of Dobbin, and the results agree substantially with his. He urges very properly that only the routine measurement of all pregnant patients available before labor can determine the frequency of contracted pelves.—ED.]